

Name
in
Full

John W^m Adams

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Died at	Hare & Gray	Harford			
Date of death 1903	Month 11	Day 13	Age 34.	Years	Months Days
Sex	Male	Color or Race	White-	Birth-place	Md
Married, Single or Widowed	Married	Occupation	Gatover		
Name of Wife or Husband	Laura L. Adams				
Father's Name	Andrew Adams	Father's Birthplace			
Mother's Maiden Name	-	Mother's Birthplace			
Name of person giving Information	Daughter - 27	How related to deceased			

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	Pulmonary Tuberculosis	How long	Several months
	Immediate	Gangrene	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	L. Hopkins	
		Address	Havre de Grace	
Accident or Suicide? _____				



Name
in
Full

Robt. Ayers Jr.

CERTIFICATE OF DEATH

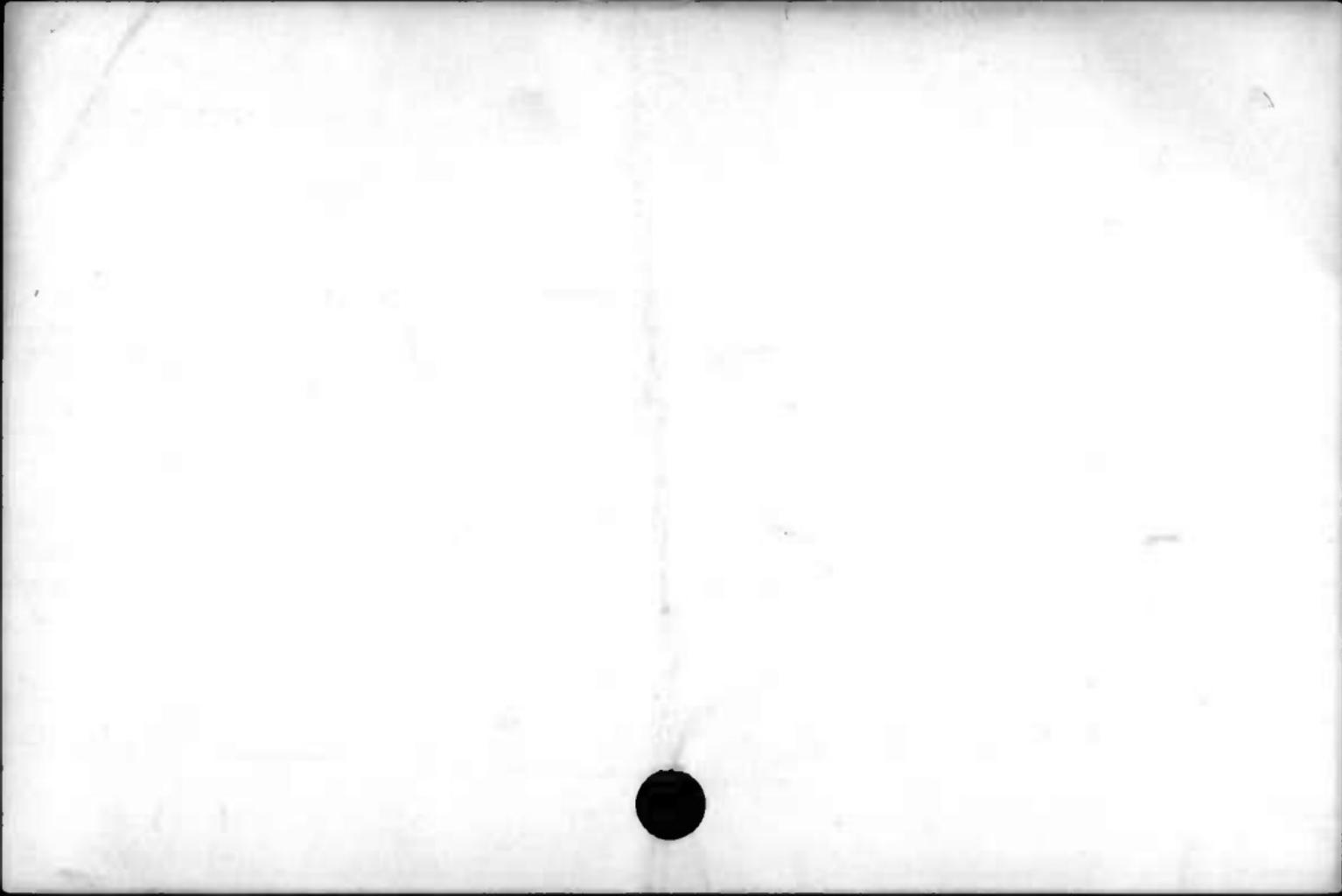
To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County		MARYLAND		
Bel Air	Harford					
Date of death	Month	Day	Years	Months	Days	
1903	Nov.	14	—	8	—	
Sex	Male	Color or Race	white	Birth-place	Bel Air, Md	
Occupation	Infant			Where Residing if not at place of death	—	
Married, Single or Widowed	—			Name of Wife or Husband	—	
Father's Name	Robt. Ayers			Father's Birthplace	Harford Co., Md	
Mother's Maiden Name	Sadie Campbell			Mother's Birthplace	York Co., Pa	
Name of person giving information	Robt. Ayers			How related to deceased	father	

CAUSES OF DEATH

Primary	I was not present at death of child, but from symptoms described by parents	How long	3 days -
Immediate	think it homicidal percuision	How long	att. 1 hour
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	E. Hall Richardson M.D.
		Address	Bel Air, Md
Accident or Suicide?	—		

PHYSICIAN
OR CORONER



Infant -

Town

Died at *Roxville*

County

Hanford

MARYLAND

Date *1900*

Month

Day

Y. M. D.

Native of

Roxville

Occupation

~~Male~~

White

Age

~~Married~~

Widow

Divorced

Female

~~Closed~~

Single

Widower

Number of children living

Husband
of

Wife

Father's
Name

Oliver A. Bay

Mother's
Name

Fannie G. Bay

Cause of

Primary

Icterus

How long sick

12 days

Death

Immediate

Pneumonia

Accident, Suicide, Homicide

Reported by

Walter Cundy

Bell Rd

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Julia Ann Blaney

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death 1903	Month Nov.	Day 5	Years 78
Age	Months 1	Days 25-	
Sex Female	Color or Race White	Birth-place Harford Co Md	
Married, Single or Widowed Widow	Occupation House Keeper		
Name of Wife or Husband William Jefferson Blaney			
Father's Name John Smith	✓	Father's Birthplace Harford Co	
Mother's Maiden Name Hannah Jones		Mother's Birthplace Pa	
Name of person giving Information Mary Miller		How related to deceased Daughter	Sister

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Impaired Circulation	How long 6 mos.
Immediate	Gangrene	How long 2 weeks
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician Wm L. Smith M.D.
		Address Jamesville Md
Accident or Suicide?	7	



Name in Full

Certificate of Death

Rebecca A. Bowes

Town

County

Died at

MARYLAND

Date 1903

Month Day

Y. M. D.

Native of

Male

11-17

Age 92

— — —

America

Occupation

Female

White

Married

Widow

Divorced

Colored

Single

Widower

Number of children living

4

Husband

of

William Bowes

Wife

Father's

Mother's

Name

Maiden Name

Divers

Cause of

Primary

How long sick

Death

Immediate

3 year

Accident, Suicide, Homicide

Reported by

Henry Tammig

[Redacted] Waddean Mel

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Bury at Smith Chalk
14/20/03

Name in Full

Certificate of Death

Ella Corelia Boyd

Town

County

Died at

MARYLAND

Pleasant

Car朋ord

Month Day

Y. M. D.

Native of

Occupation

Date 1803

Nov. 12

Age

17

Native of

Harford

Male

White

Age
Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband of
Wife X

Father's Name

John C. Boyd

Mother's Name

Clara Boyd

Cause of Primary

How long sick

Death Immediate

Skane

Accident, Suicide, Homicide

Reported by

Bain & Baldwin

Address

Exeter Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister



Name
in
Full

Cordelia Cox

CERTIFICATE OF DEATH

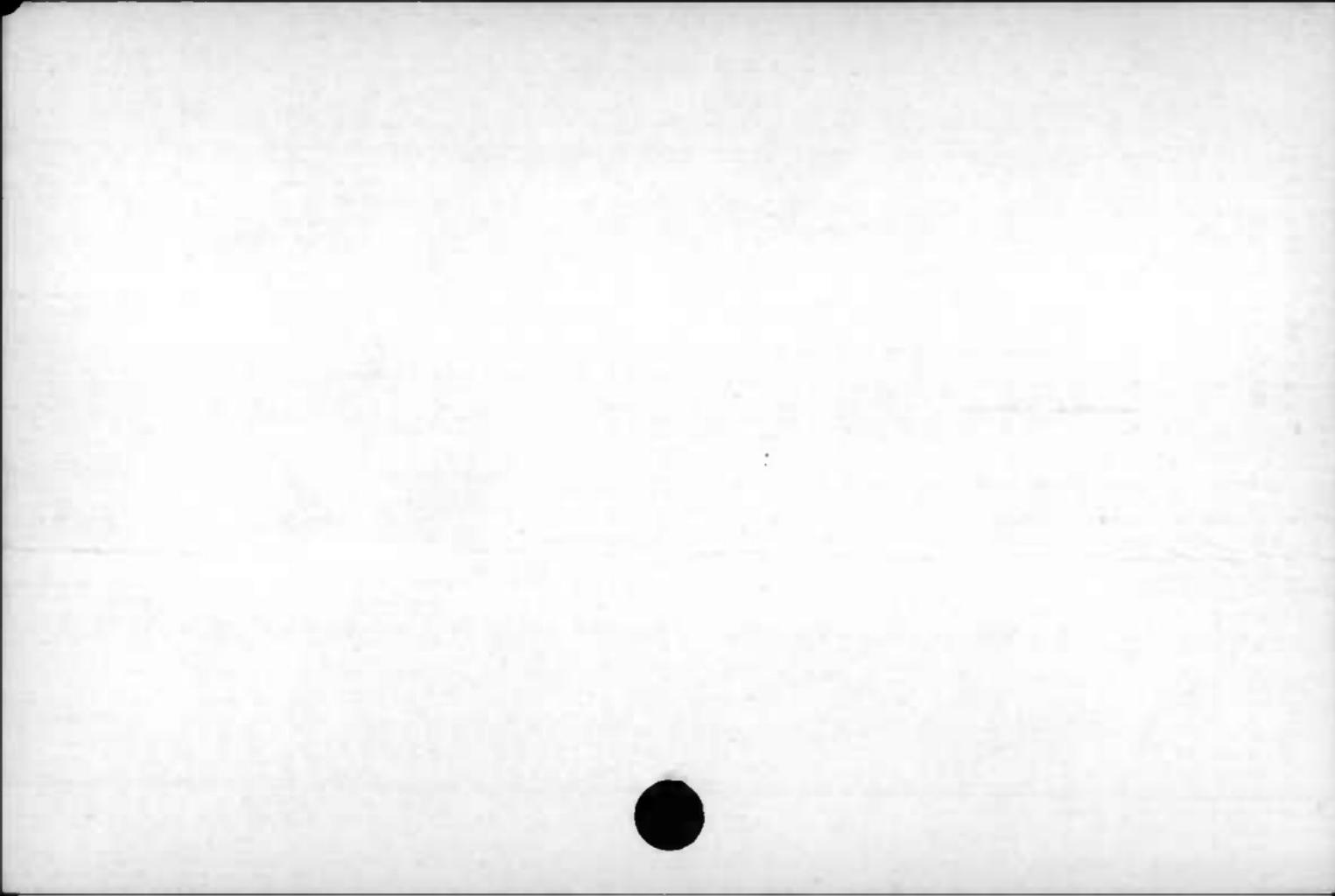
To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County		MARYLAND	
Date of death 1903	Month Nov	Day 26	Age 75	Years	Months — Days —
Sex Female	Color or Race Colored	Occupation Servant		Birth-place Darlington	
Married, Single or Widowed Single					
Name of Wife or Husband					
Father's Name	Stewart Cox		6x.	Father's Birthplace	Darlington
Mother's Maiden Name				Mother's Birthplace	"
Name of person giving information	Hazzard Harris			How related to deceased	Son-in-law

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Stroke of Paralysis		How long
Immediate	a 4 or 5 stroke		4 or 5 years
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	How long
		Ephr Hopkins	a day or two
Address	Darlington		
Accident or Suicide?			



Name
in
Full

M. Elizabeth Creswell
Singer

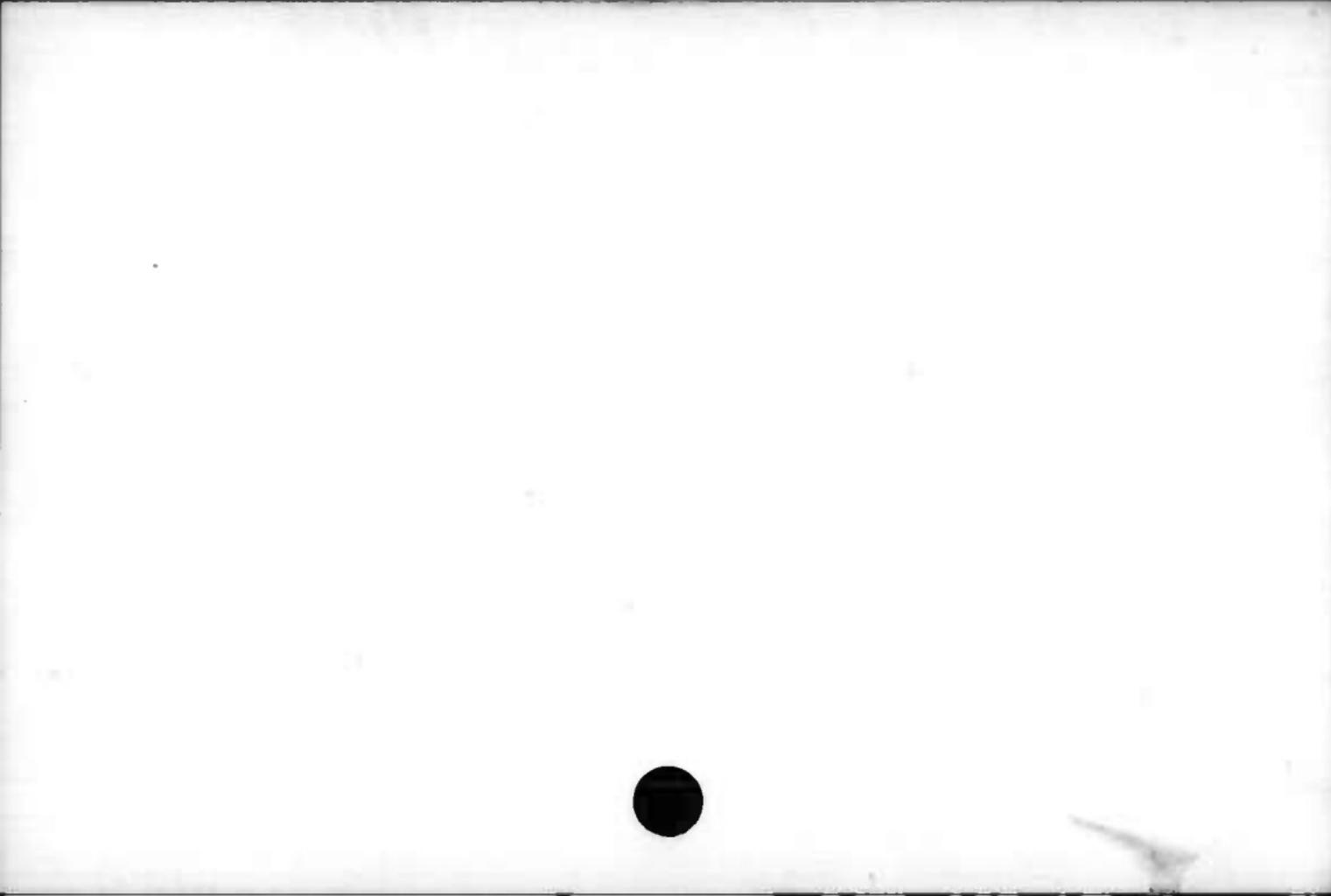
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County			MARYLAND		
Date of death	Month	Day	Age	Years	Months	Days	
1903	11	15	29				
Sex	Female	Color or Race	White	Birth-place	Harford Co. Md.		
Married, <input checked="" type="checkbox"/>		Occupation	Housewife				
Name of Wife or Husband	Harry Creswell						
Father's Name	James F. Brown			Father's Birthplace	Baltimore, Md		
Mother's Maiden Name	Elinia Rigdon			Mother's Birthplace	Maryland		
Name of person giving information	James F. Brown			How related to deceased	Father		

CAUSES OF DEATH

Primary	Pulmonary tuberculosis	How long	5 months
Immediate	Syncope - (asthma)	How long	2 days.
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	A. F. Vautz Sibber
		Address	73 Blair
Accident or Suicide?	Neither.		Md.



Name
in
Full

George Allen Fowwood

CERTIFICATE OF DEATH

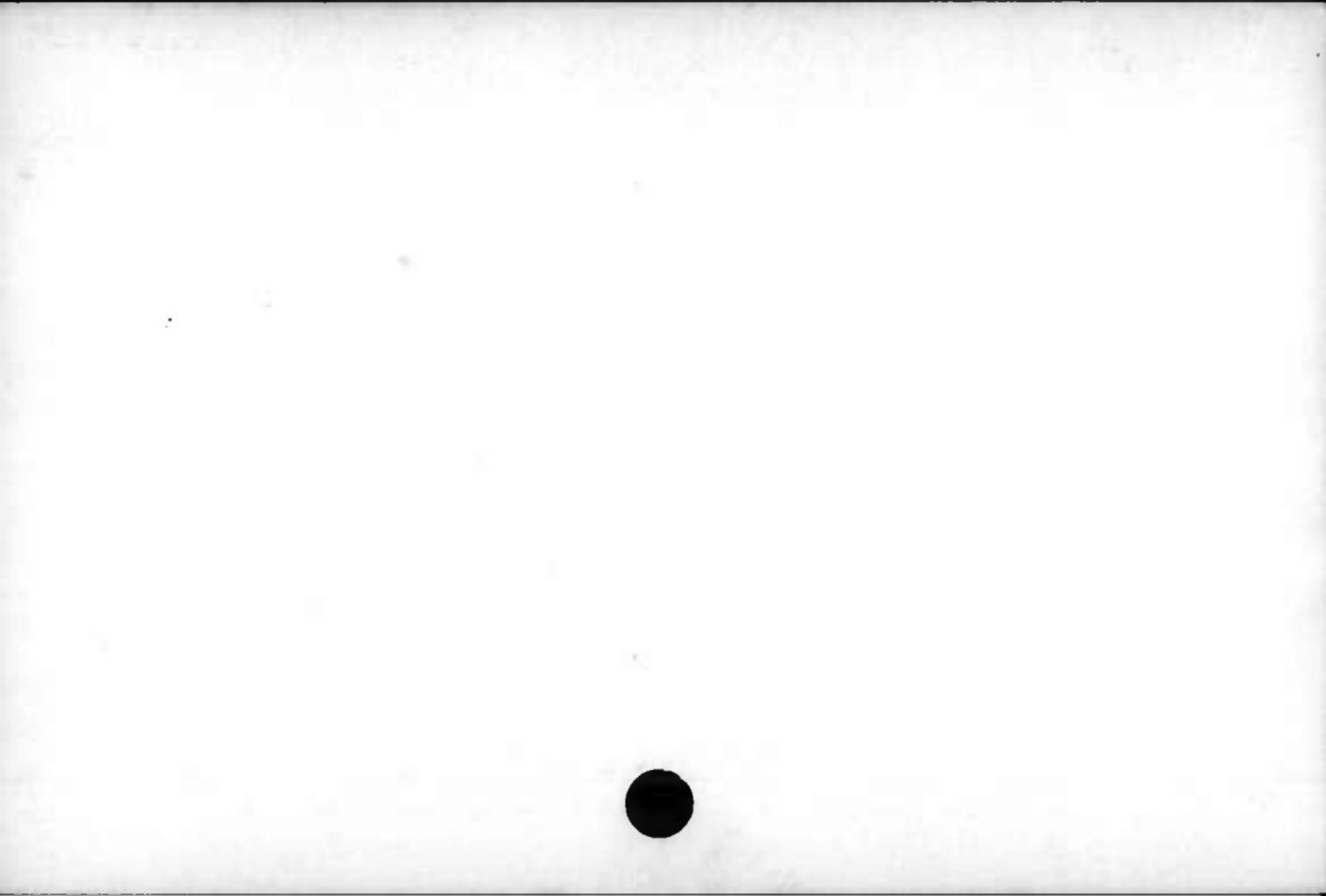
To BE ANSWERED BY
NEAREST FRIEND

Died <input checked="" type="checkbox"/> Near Hickory		Town,	County		MARYLAND	
Date of death 1903	Month 11	Day 4	Years	Months 3	Days	
Sex Male	Color or Race White	Birth-place Near Hickory				
Married, Single or Widowed Single	Occupation					105
Name of Wife or Husband						
Father's Name Benjamin Fowwood						Father's Birthplace Ind
Mother's Maiden Name Enzie Martin						Mother's Birthplace Ind
Name of person giving information Benjamin Fowwood						How related to deceased Father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Malaria	How long 1 week
Immediate Convulsions	How long 6 days
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician St. J. P. Smithson
	Address Forest Hill Ind
Accident or Suicide?	



Name
in
Full

Edward B. Gallup

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1903	Month Nov	Day 25	Age 85	Years	Months - Days -
Sex Male	Color or Race White	Birth-place Sperutia Idaho			
Married, Single or Widowed	Occupation Sailor				
Name of Wife or Husband	Ruth Gallup				
Father's Name	Edward Gallup	20	Father's Birthplace	Sperutia Idaho	
Mother's Maiden Name	Katherine James				
Name of person giving information	Charles Gallup				
How related to deceased Son.					

Bright's Disease

CAUSES OF DEATH

Uremic poisoning & Convulsions

How long 2 or 3 yrs

Immediate

How long

1 week

Are the name, age, sex, color, date and place correctly given above?

Yes

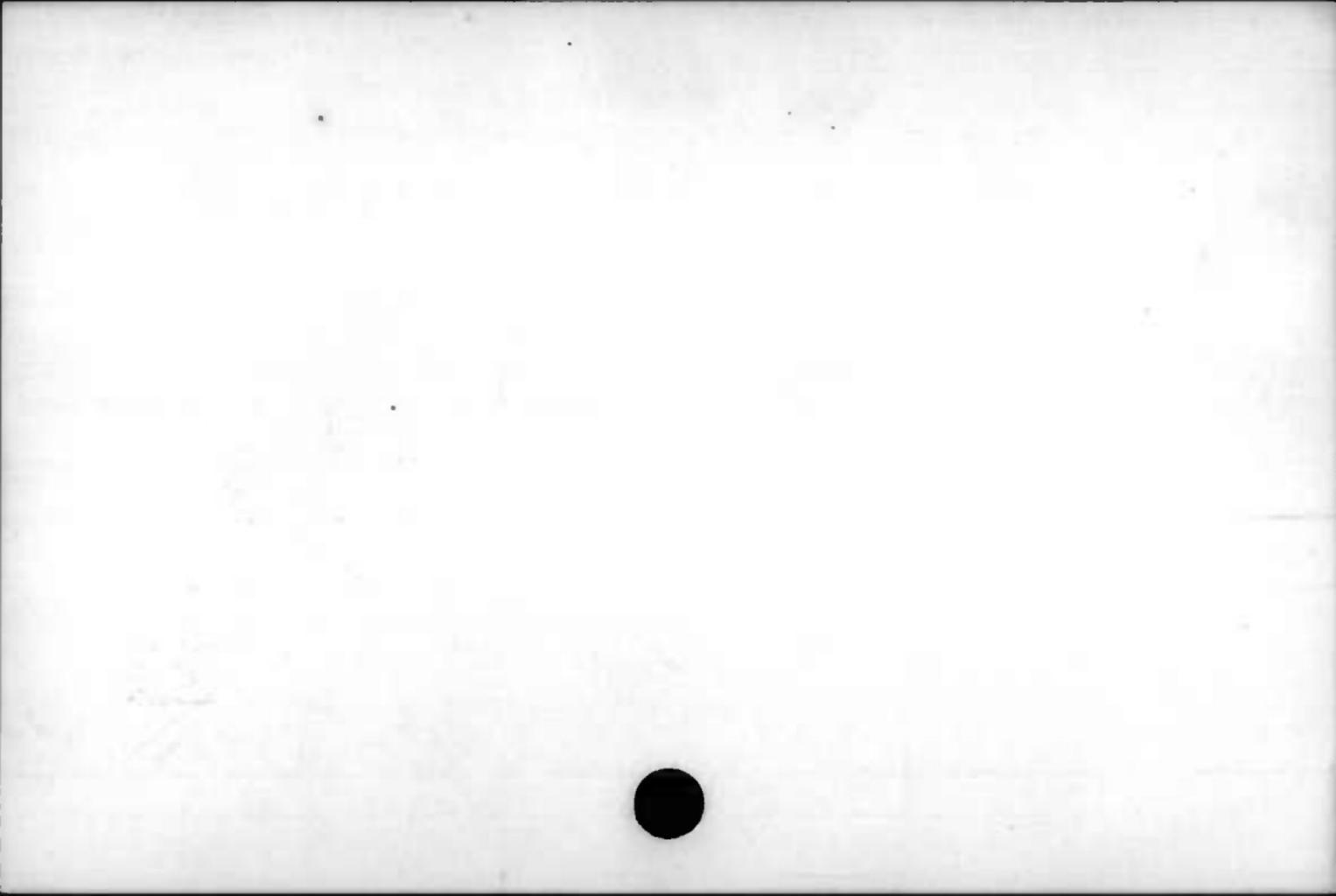
Signature of Physician

Address

R W Smushkin
Barre de Grace

PHYSICIAN
OR CORONER

Accident or Suicide?



Name
in
Full

Thomas Giles

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND	
Date of death 1903	Month	Day	Years	Months Days
Sex	Color or Race	Occupation	Birth- place	
Married, Single or Widowed	married	Labover	Belair	
Name of Wife or Husband	Sarah Giles			
Father's Name	Thomas Giles	93	Father's Birthplace	Harford Co
Mother's Maiden Name			Mother's Birthplace	
Name of person giving Information	William Cooper		How related to deceased	Brother in law

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Pneumonia How long

Immediate Heart failure & Exhaustion How long

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

J. A. Callahan

Creswell Md

Accident or Suicide?



Amox Griffith

Town

County

Died at Scarbors Harford Co.

MARYLAND

Date 19	Month	Day	Y.	M	D	Native of	Occupation
03	Nov.	18	Age	79		America	Shoemaker
Male	White		Married		Widow	Divorced	
Female	Colored		Single		Widower	Number of children living	8

Husband of

Wife

Father's Name

Mother's

Maiden Name

97

Cause of

Primary

Asthma

How long sick

Death

Immediate

Accident, Suicide, Homicide

Reported by

Charles W Fairoux Dr. D.

Address

Street Po. Harford Co. Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Layra Hall

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death	Month	Day	Years
Sex	Color or Race	Age	Months Days
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband	Bel Air	
Father's Name	Wesley Stael		
Mother's Maiden Name	dout No		
Name of person giving information	dout No		
	dout No		
	Husband		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Acute Lobar Pneumonia

How long

5 days.

Immediate

Detached Pulmonary Embolism.

How long

Instantaneous

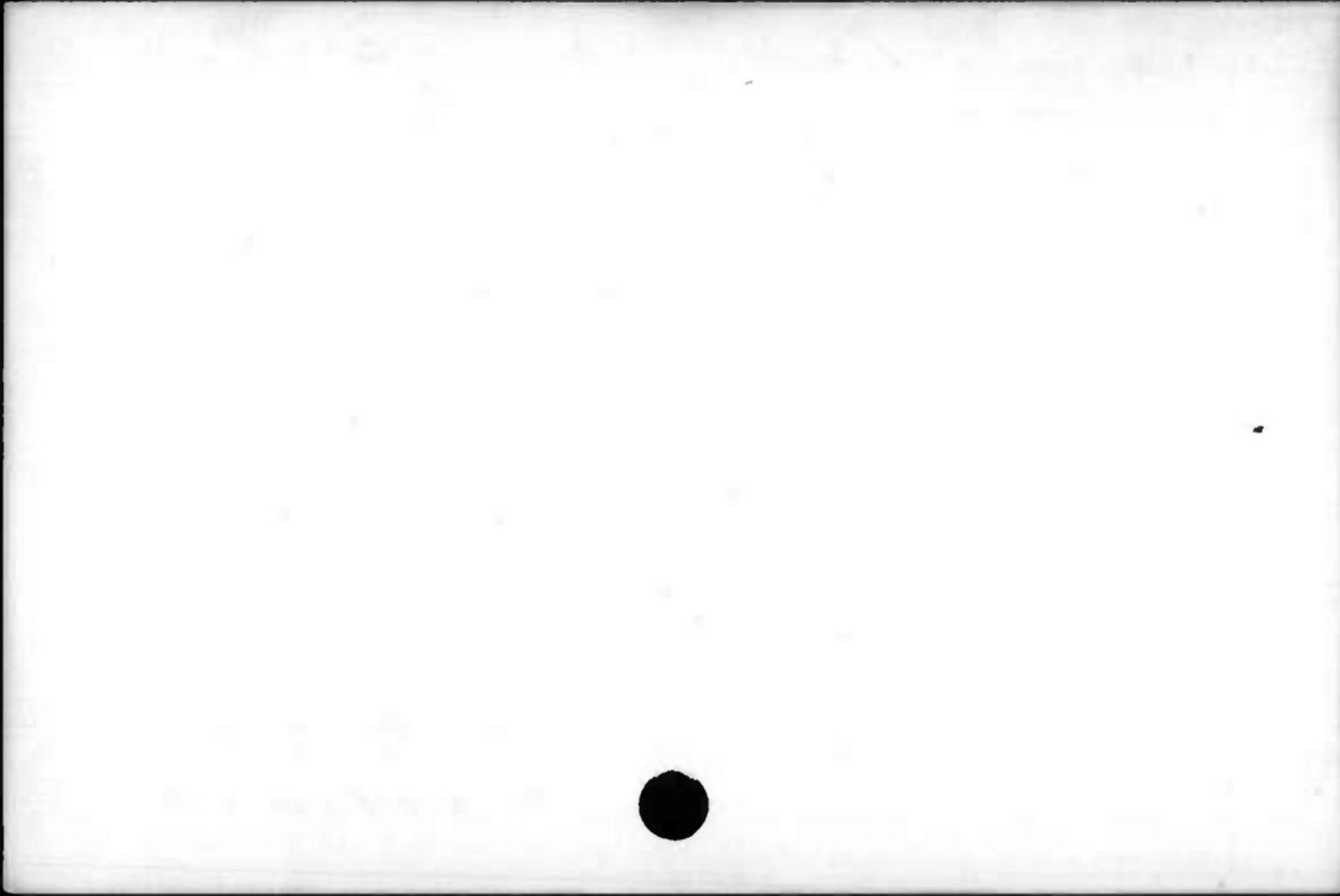
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Robert S Page

Accident or Suicide?



Name
in
Full

Samuel W Keatley Hagerstown Co

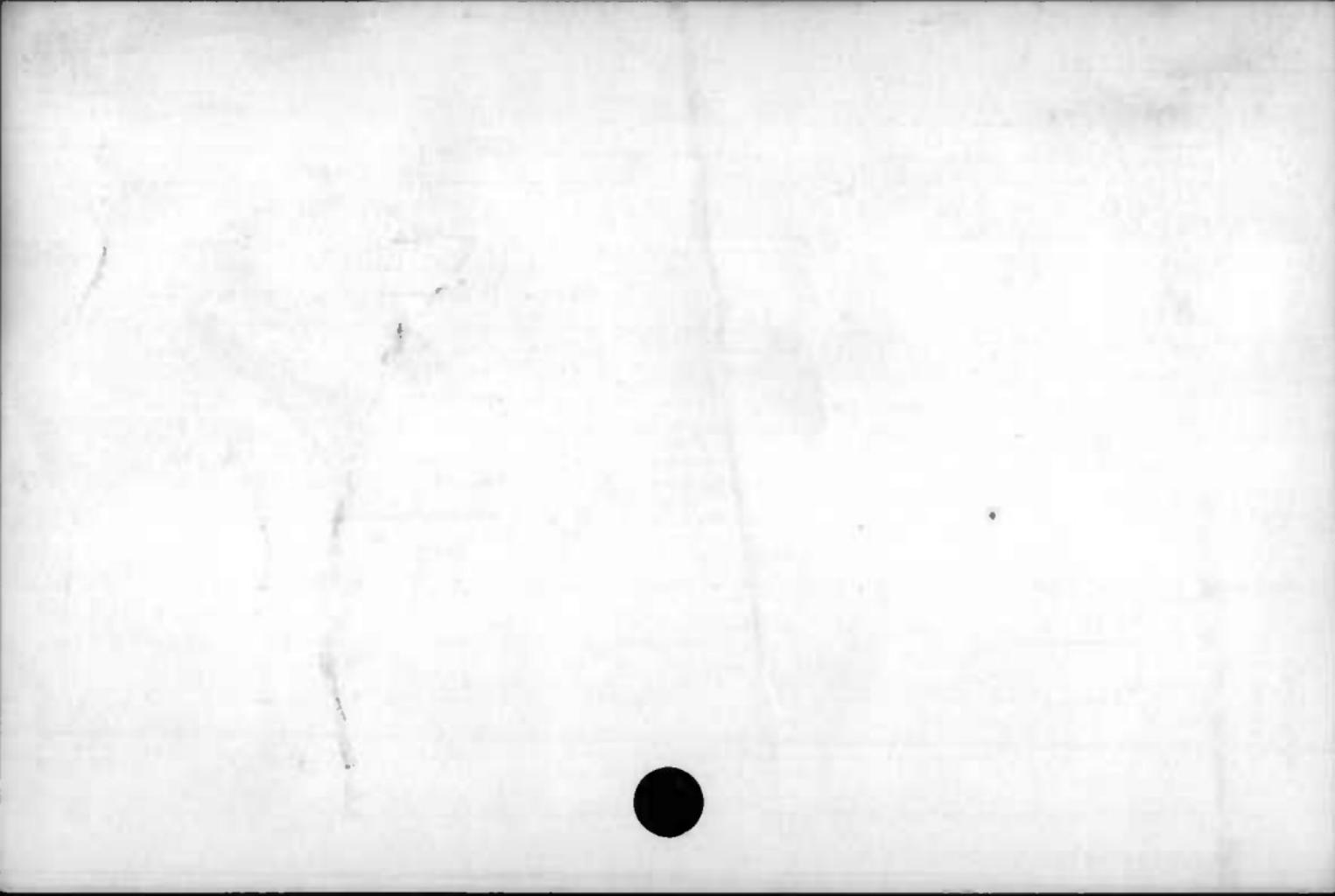
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Died at	Havre de Grace	Hagerstown Co	Months	Days	
Date of death 1908	Month Nov	Day 30	Years	Age 62	
Sex Male	Color or Race white	Birth-place Cecil Co			
Married, Single or Widowed	Widower	Occupation Blacksmith			
Name of Wife or Husband	Bethesda J.				
Father's Name			Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving Information	Clifford Keatley	93	How related to deceased	Son	

CAUSES OF DEATH

Primary	Prostrated	
Immediate	" also Valvular Disease	
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician
		Address
Accident or Suicide?		



Name
in
Full

Mary M Keith

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date 7/20/37 of death 1903	Month Nov	Day Sat	Age 92	Years	Months Days
Sex Female	Color or Race white	Birth-place Cecil Co Md			
Married, Single or Widowed Widower	Occupation Housewife				
Name of Wife or Husband John A Keith	Father's Name Peterson Burgoyne	104	Father's Birthplace France		
Mother's Maiden Name Rebecca Barnes	Mother's Birthplace Delaware				
Name of person giving information	How related to deceased				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Gastritis	How long	2 weeks.
Immediate	Age	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	R. Warren. Ramsay
		Address	[Redacted]
Accident or Suicide?			



Eliza Streett Kellogg

Died at

Town
Rocks

County

Tarford

MARYLAND

Date *1903 Nov 2*

Month Day

Y. M. D.

Native of

Male

Age *86*

Married

1 21

Widow

Hagerstown

~~Divorced~~

Occupation

Houskeeper

3

Female

White

Single

Widower

Number of children living

Wife	<i>Elenazar Hall Kellogg</i>		Mother's Name	<i>Sarah Kennedy</i>	How long sick
Father's Name	<i>Thomas Street</i>				
Cause of Death	Primary	<i>Dislocation of hip</i>			<i>6 months</i>
	Immediate	<i>Exhaustion</i>			Accident, Suicide, Homicide

Reported by

*Elz Klutz**undertaker*

Address

*Jamillaville**Md*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Died at **Upper X Roads** Town **Harford Co.** County MARYLAND
Month Day Year Native Occupation

Date 1903 nov. 24 Age 0 — 0 0
~~White~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~
Female Courted Single Widow Number of children 0

Husband of [redacted]

Wife

Father's

263

Name _____

Cause of

Death

Reported by

Address

Thos. H. Emory M.D.

Hess., Ind.

10th dist., Baet Co.,
if any in attendance, otherwise by telegraph, and taken by minister.

Must be signed by physician, if any in attendance, otherwise by owner and taken by minister.



Name
in
Full

May Little

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND	
Date of death 1903	Month November	Day 9	Years 6 weeks	Months — Days —
Sex Female	Color or Race White	Birth-place Over creek		
Married, Single or Widowed	Occupation			
Name of Wife or Husband				
Father's Name	John Little	151	Father's Birthplace	Maryland
Mother's Maiden Name	Laura Duff		Mother's Birthplace	Maryland
Name of person giving Information	Father		How related to deceased	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

a twin, one of them died two weeks ago

How long

—

Immediate

Smell very weak

How long

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

Ephr Hopkins

Darlington
Md

Accident or Suicide?

90

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Bel Air			County	MARYLAND	
Date of death	Month	Day	Age	Years	Months	Days
Sex	Female			Color or Race	Black	
Occupation	House wife			Where Residing if not at place of death	Ind.	
Married, Separated, or Widowed				Name of Wife or Husband	Charles Mathews	
Father's Name	Wm Anderson			Father's Birthplace	Ind.	
Mother's Maiden Name	Laura Robinson 21			Mother's Birthplace	Ind.	
Name of person giving Information	Richard			How related to deceased	—	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Pneumonia

How long

1 m.

Immediate

Phthisis -

How long

1/2 yrs.

Are the name, age, sex, color, date
and place correctly given above?

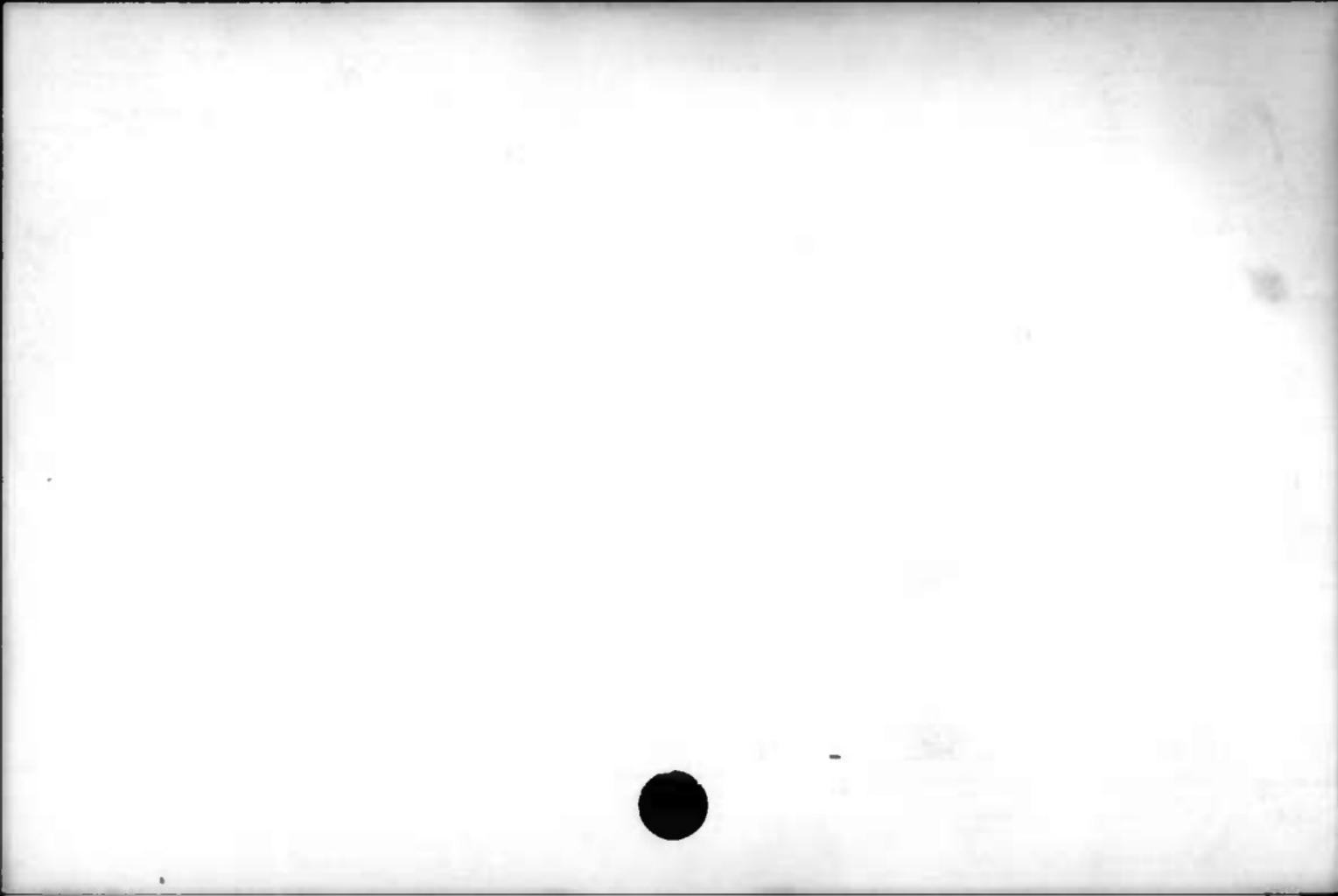
Yes

Signature of
Physician

Address

Edg Richardson
Bel Air, Md

Accident or Suicide?



Francis Moore

Town

Havre de Grace

County

Harford Co

MARYLAND

Died at

Date 1903

Month

Day

Y.

M.

D.

Native of

Occupation

Jun 12

10

—

Md Co

—

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband
of

Wife

Father's
Name

Michael Moore

Mother's
Maiden Name

Cause of

Primary

Head injury

How long sick

Death

Immediate

Convulsions

3 weeks

Reported by

A. C. Grotkeis

Address

Havre de Grace

Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Stile Barn

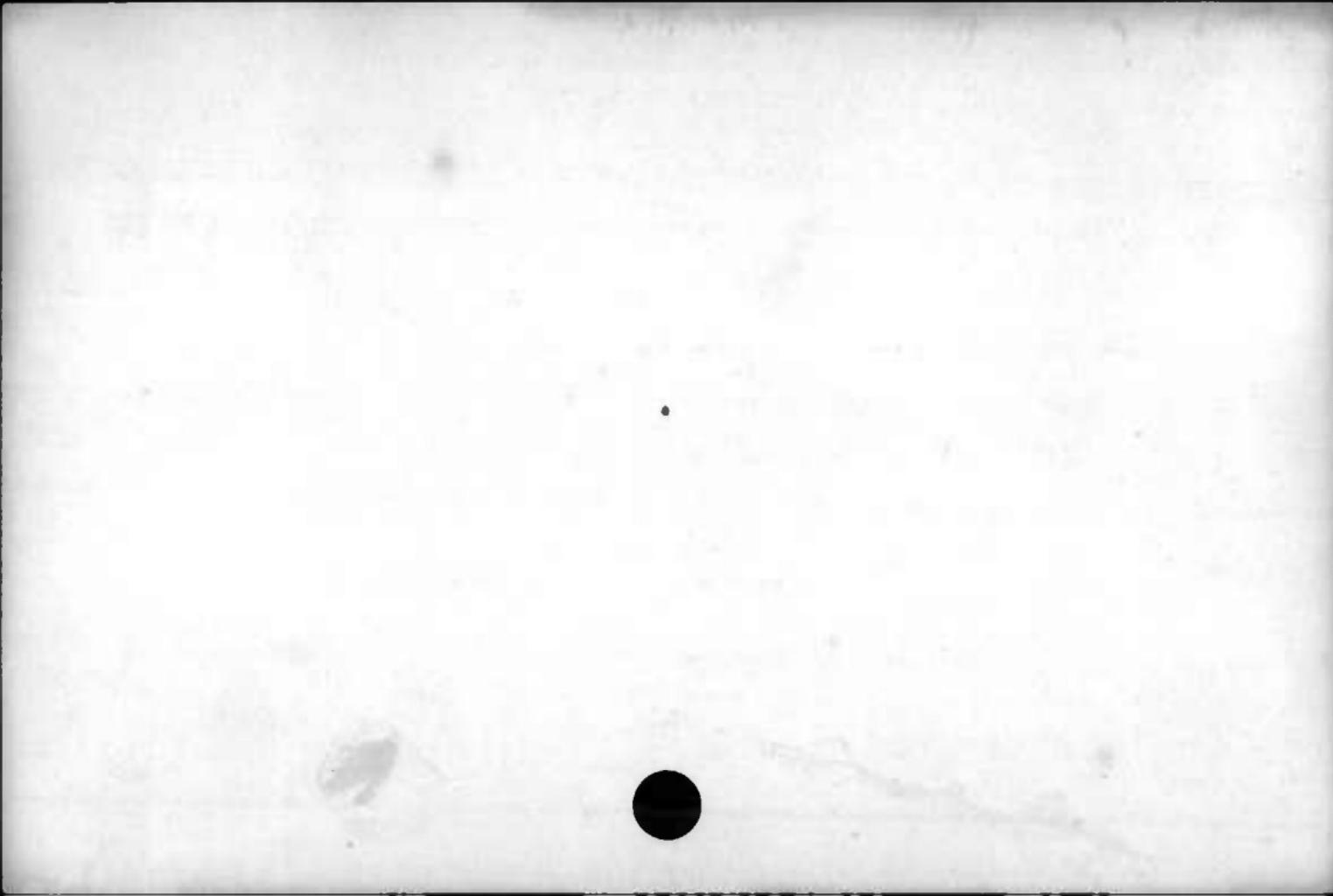
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1903	Month	Years	Months	Days	
Female	Color or Race	Occupation			
Married, Single or Widowed				Birth-place	Cherry Hill
Name of Wife or Husband				Father's Birthplace	
Father's Name	Charles Snelling S.			Mother's Birthplace	Cherry Hill
Mother's Maiden Name	Josephine Rigdon			How related to deceased	
Name of person giving information					

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	How long
	Stile Barn	How long
Immediate		
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician	Dr J H Arthur
	Address	Street
Accident or Suicide?		Md.



Name in Full

Certificate of Death

Nimus Elmon Ammons

Town Magnolia County Harford MARYLAND

Died at

190

3

Month Nov

Day 27

Y.

M.

D.

Native of

Harford Co.

Occupation

Date of death

Female

Colored

Age 71
Married

Widower

Domicile

Husband of

Wife

Father's

Name

Cause of death

Primary

Death

Immediate

Reported by

Chas E Roth

Address

Mother's Name

Alice Brantley

How long sick

5 days

Accident, Suicide, Homicide

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Vernon J. Townsley

Town

County

Died at

Pleasantville

Harford

MARYLAND

Died at

Month

Day

Y.

M.

D.

Native of

Occupation

Date 19

03

Nov.

1

Age

1

6

Md.

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband
of

Wife

Father's

Name

B. J. Townsley

Mother's

Maiden Name

Augusta Gunther

Cause of

Primary

How long sick

2 days

Death

Immediate

Accident, Suicide, Homicide

Reported by

G. W. Davis

M. D.

Address

Pleasantville Md

Per Walker

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

William Edwards Williams

Town

County

MARYLAND

Died at

New Berlin

Harford

Died at

Month

Day

Y

M.

D.

Native of

Occupation

Date 1893

Age

45

Male

White

Married

Widow

Divorced

Female

-Sealed

Single

Widower

Number of children living

Husband
of

Wife

Father's

Name

Emmanuel Williams

Mother's
Name

Elizabeth Williams

Cause of

Primary

How long sick

Death

Immediate

Accident, Suicide, Homicide

Reported by



A. R. Fletcher.

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Septimus Jervis Gorkle

Town

County

MARYLAND

Died at

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1913

Male

White

Age
Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband of

Wife

Father's Name

Mother's Name

Cause of

Primary

How long sick

4 day

Death

Immediate

Accident, Suicide, Homicide

Reported by

H. H. Henney
R. Shetler

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

